diagnosed with a SSI compared with eleven in twenty-one (52%) patients who underwent linear closure.
Conclusion: The results from this study suggest that purse-string closure of ileostomy wounds is favourable to linear closure in reducing the rates of SSIs.

0691: ENHANCED RECOVERY AFTER COLORECTAL SURGERY: FACTORS AFFECTING LENGTH OF STAY

Matthew Aldridge, Nicola Dowling, Emma Chater, Henry Ferguson, Steve Pandey. *Worcestershire Acute Hospitals NHS Trust, Worcester, UK*

Aim: Enhanced Recovery after Surgery (ERAS) has been shown to reduce the length of stay (LOS) after elective colorectal surgery. This programme was implemented at Worcestershire Royal Hospital in January 2011. The aim of this study was to identify factors which impact on LOS.
Method: All patients undergoing elective colorectal surgery between January and December 2011 were included, with no exclusions based on factors such as age, BMI or co-morbidities. A prospectively collected ERAS database was analysed to study short term outcomes. Patients who stayed in hospital for 5 days or less were compared with those who stayed longer.
Results: There were a total of 191 patients (89 females, median age 68, laparoscopic rate 52%), of which 90 (47%) were discharged within 5 days. Statistically significant factors for increased LOS were open operations ($p<0.001$), resections for cancer ($p=0.05$), ASA ≥ 2 ($p=0.01$), age >70 ($p=0.004$), planned/unplanned HDU stay >48 hours ($p=0.004$), and post-operative complications ($p<0.001$), of which the most significant was prolonged post-operative ileus ($p<0.001$).
Conclusions: We are encouraged by our early results. Having identified factors which have a significant impact on LOS, we can now tailor our programme accordingly. Increased laparoscopic rates in the future should improve our results further.

0693: COLONOSCOPIC BOWEL CANCER SURVEILLANCE FOLLOWING COLORECTAL RESECTION

Adam Peckham-Cooper, Richard Wilkin, Max Sellers, Sian Davies, J. Eccersley. *Burton Hospital Foundation Trust, Derbyshire, UK*

Aims: At a hospital in the West Midlands deanery, the protocol for follow up and surveillance after colorectal resection includes a colonoscopy at 1-year post resection, 3 years and 5 years. This audit aimed to examine the sensitivity of the protocol in detecting further cancers and explore if this had an effect on mortality.
Methods: All patients undergoing colorectal resection between January 2005 - December 2006 were included using a prospective database. Data was collected retrospectively utilising the local HCIS™ and GI Reporting Tool™ (Unisoft-Medical-Systems).
Results: 200 Cancer resections were performed (elective and emergency) in the time period. Preliminary data analysis demonstrated an 81% survival rate at 1 year and 56% at 5 years. At completion colonoscopy 1 patient had a synchronous cancer found and 1 patient had a large hyperplastic polyp removed. 44% of patients having a colonoscopy at 1 year had polyps biopsied or removed. In this study cohort, the 5 year colonoscopic surveillance programme revealed no further colorectal cancers.
Conclusions: Surveillance colonoscopy could be reduced to one completion scope at 5 years with no increase risk to patients but significant financial savings. The psychosocial benefits of regular surveillance follow-up to the patient should however not be underestimated.

0718: THE TRUE PLACE OF INTRASPHINCTERIC BOTOX IN ANAL FISSURE MANAGEMENT

Sarah Braungart, Geetinder Kaur. *Scunthorpe General Hospital, Scunthorpe, UK*

Aim: Spasm of the internal sphincter muscle causes pain in anal fissures. Historically, treatment was surgical (high risk of incontinence). Alternatives are topical glyceryl trinitrate (GTN) or calcium channel blockers and Botulinum toxin injection. There is no consistency in dose, site and timing for this therapy. We performed a retrospective audit of a single surgeon's results with intrasphincteric Botulinum (Botox) to optimize anal fissure management in our institution.
Methods: All patients with anal fissures who received Botox injection after failure of medical treatment from 01/01/2009 to 31/12/2011 were included. 24 patients were identified; data was collected by case note review.
Results: Main symptoms were pain(87.5%), bleeding(75%), itching(17%). An extremely structured treatment approach was observed using ointments plus laxatives/ dietary modifications for 7.5 months average prior to injections. 70% of patients showed 100% symptom relief, 17% showed 90% relief, 4.3% showed 80% relief. Side effects included temporary faecal soiling(3), urge sensation(1). One patient only underwent lateral sphincterotomy showing no response to Botox injections.
Conclusions: Relief of anal spasm has been associated with healing of anal fissures and can be achieved by Botox injections. This avoids dividing the anal sphincter. Our structured approach using Botox gave >80% symptom relief to 91.3% of our patients.

0734: LYMPH NODE HARVEST AS A MARKER OF QUALITY IN COLON CANCER RESECTION: A COMPARISON BETWEEN LAPAROSCOPIC AND OPEN RESECTIONS

Angus Kaye [3], Nicola Wright [2], Nagy Rizkalla [1], Emma Hamilton [1], Graham Williams [1], Haney Youssef [3]. [1] *New Cross Hospital, Wolverhampton, UK;* [2] *University of Birmingham, Birmingham, UK;* [3] *Heart of England Foundation Trust, West Midlands, UK*

Aim: Accurate lymph node (LN) staging is essential for planning adjuvant therapy. One concern with laparoscopic colonic resection is that complete mesocolic resection is not as thorough as for open surgery. The aim of this study was to compare LN harvests and distance to vascular pedicle (DVP) in laparoscopic versus open resections for colon cancer.
Methods: Details of patients having colon cancer resection from January'09-March'11, were prospectively recorded. Data was analysed on primary tumour site, LN yields, positive node ratios (PNR), surgery type, DVP and pathological stage.
Results: 242 patients, median age 73years (range 27–97y), underwent 188 open or 54 laparoscopic (8 converted) colonic resections. Median LN harvest was 18 (range 2-43) for open vs 18 (range 6-32) for laparoscopic resection. Mean PNR was 12% for open vs 10% for laparoscopic resection. Mean DVP was 82cm (median 70cm; range 10-290) for open vs 62cm (median 55cm; range 6-140) for laparoscopic resections. There were more T4 tumours operated on in the open group than laparoscopic (44% versus 26%).
Conclusion: Although greater length of mesentery was removed during open colonic resection, lymph node harvest was similar for open and laparoscopic resection suggesting that laparoscopic resection is oncologically similar to open resection.

0737: AT WHAT POINT SHOULD A LAPAROSCOPIC BOWEL RESECTION BE CONVERTED TO AN OPEN PROCEDURE?

Ian Gregory, Dawn Gane, Lisa Hayward, Rhys Davies, Anne Pullyblank. *North Bristol Hospitals NHS Trust, Bristol, UK*

Aims: To determine whether there comes a point where the benefits of laparoscopic surgery are outweighed by increased operating time.
Methods: Data was collected for three years within an enhanced recovery programme. Median day of discharge post surgery was used to assess patient outcome, and data was analysed for the six most common resections in the database.
Results: For right hemicolectomy(n=163), high anterior resection(n=145) and sigmoid colectomy(n=37) the length of stay for laparoscopic surgery is lower than open surgery, regardless of operating time up to 6 hours. Length of stay for laparoscopic right hemicolectomy increases significantly after 6 hours suggesting open conversion may be appropriate at this stage, however n values are small in these groups.
For low anterior resections(n=74) the benefit of the laparoscopic approach is less obvious after 4 hours, suggesting that conversion may be appropriate at this stage.
For Hartmann's(n=57) and abdominoperineal resections(n=37), laparoscopic surgery is not associated with an earlier date of discharge. This may be due to additional factors such as advanced tumours, elderly patients, a perineal wound and need for stoma care.
Conclusion: The concern that a longer operating time may offset the benefits of the laparoscopic approach is probably unwarranted for most operations.